

Conclusion: The endometrial thickness was statistically significantly greater in patients under unopposed HRT. Transvaginal ultrasound is a helpful diagnostic tool in the management of HRT, especially in unopposed HRT.

R-188. Malignancy arising in extra-ovarian endometriosis during oestrogen stimulation

Gücer F., Pieber D. and Arikan M.G.

Department of Obstetrics and Gynecology, University of Graz, Austria

Introduction: Recommendations for oestrogen replacement therapy in women who have undergone hysterectomy with oophorectomy because of endometriosis are not well established. Endometriosis can undergo oestrogen-dependent changes similar to endometrium. For this reason, extra-ovarian endometriosis may carry a risk of developing hyperplasia and carcinoma during unopposed oestrogen stimulation.

Materials and methods: We reviewed the existing literature to analyse the potential of a malignancy arising from extra-ovarian endometriosis by oestrogen stimulation.

Results: There were 20 published cases to date with a malign transformed endometriosis during oestrogen stimulation at an extra-ovarian site. Of these 20 women, 18 received unopposed oestrogen substitution following a hysterectomy with bilateral oophorectomy. In the other two cases, oestrogen-producing tumours (granulosa cell tumour and theca cell tumour) without malign transformation of the endometrium were diagnosed. In addition to these 20 cases with malignancy arising from extra-ovarian endometriosis by oestrogen stimulation, three cases were found with atypical complex hyperplasia from residual foci of extra-ovarian endometriosis during unopposed oestrogen replacement therapy. The exact incidence of malignant transformation in extra-ovarian endometriosis during unopposed oestrogen replacement cannot be estimated from these case reports.

Conclusion: HRT with unopposed oestrogen may lead to premalignant or malignant transformation in residual foci of endometriosis. Therefore, the addition of progestins to oestrogen replacement therapy should be considered in women who have undergone hysterectomy with oophorectomy because of endometriosis, especially if they are known to have residual endometriosis.

R-189. An integrated psychosocial service in an infertility clinic: functions, objectives and skills

Bitzer J., Vogel B., Tobler M., De Geyter Ch. and Holzgreve W.

University Clinic Basel, Women's Hospital, Basel, Switzerland

Introduction: The infertility crisis, diagnosis and treatment create different forms of stress and anxiety. Reducing stress and anxiety and increasing coping skills for the couples demand easily accessible, permanently available and psychosocial

resources which are competent in the field of reproductive health issues.

Materials and methods: The team from the Infertility Clinic of Basel, Women's Hospital, together with psychosomatic obstetricians and gynaecologists, has created a psychosocial intervention model on five levels: level 1, recognition of psychosocial/psychiatric morbidity at the beginning of the infertility evaluation with follow-up interventions; level 2, support in decision-making processes for the couples; level 3, teaching coping skills to reduce stress and anxiety; level 4, analysis of the interaction between the medical team and patients to reduce compliance problems; and level 5, crisis intervention and long-term care for treatment failures. For the first 6 months of this programme we performed a preliminary intervention analysis.

Results: A total of 12 (27%) interventions were related to the early detection of psychosocial and psychiatric morbidity, nine (20%) involved help in the process of decision-making, seven (15%) related to the teaching of coping skills, nine (20%) referred to interaction problems between medical team and patients, and eight (18%) were crisis interventions. Details will be presented.

Conclusion: The newly created model allows interventions on different levels. The specific interventions can be developed further and on a long-term basis scientifically evaluated and improved, thereby integrating psychosocial knowledge and skills into infertility diagnosis and treatment.

Psychology and counselling

R-190. *Hygeia*, an online journal for pregnancy and neonatal loss: the use of new technology to communicate age-old feelings and lessons

Berman M.R.

Department of Obstetrics and Gynecology, The Yale University School of Medicine, USA

Introduction: Pregnancy and neonatal-related loss conflicts may be expected to result in considerable emotional morbidity. *Hygeia* is an Internet web site devoted to documenting this condition and to helping heal the grieving and other aspects of loss related to pregnancy wastage and the demise of children due to any cause. On-line assistance is offered by the avenues of: (i) addressing the mind by furnishing interdisciplinary insights into the nature of pregnancy-related loss, as well as acting as an extensive and comprehensive reference and resource area; (ii) addressing the spirit through a complete volume of original poems with annotations and frequent additions of newer poems of grieving, loss and hope; (iii) communication by 'A Grieving and Sharing Registry' which maintains a list of registered